

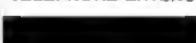


RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND-UPDATE		MONTH JANUARY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
1/1/21	BANK BALANCE		\$946,873.62		
	WELLS FARGO BANK				
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$ 349.00			
	TOTAL		946,524.62		
RECEIPTS THIS MONTH					
1/11/2021	PARTNERS FOR A SAFER AMERICA	\$250,000.00			
1/12/2021	PARTNERS FOR A SAFER AMERICA	\$91,925.00			
1/19/2021	Reversal Check #1976 IWF 21-001	\$321.66			
	TOTAL		\$342,246.66		
1/31/2021	BEGINNING BALANCE PLUS RECEIPTS		\$1,288,771.28		
DISBURSEMENTS THIS MONTH					
1/12/2021	Check #1976 DIRECTV	\$321.66			
1/12/2021	Check #1977 FASTSIGNS	\$658.10			
1/12/2021	Check #1978 RKM COMMUNICATIONS	\$1719.23			
1/12/2021	Check #1979 CULINARY DEPOT	\$7404.82			
1/12/2021	Check #1980 RKM COMMUNICATIONS	\$337.50			
1/13/2021	Check #1981 CULINARY DEPOT	\$2841.53			
1/13/2021	Check #1982 PRECISION DYNAMIC CORP	\$9273.88			
1/15/2021	Check #1983 1-800-WHEELCHAIR.COM	\$480.00			
1/21/2021	Check #1984 DIRECTV REPLACEMENT CHECK	\$321.66			
1/28/2021	Check #1985 RKM COMMUNICATIONS	\$1493.78			
1/28/2021	Check #1986 GUARDIAN RFID	\$12,500.00			
	WELLS FARGO SERVICE FEE	45.17			
	TOTAL		\$37,397.33		
			\$1,251,373.95		
ENDING BALANCE					
1/31/2021	BANK BALANCE		\$1,278,633.80		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$27,259.85			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,251,373.95		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE	PREPARED BY	
 ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		5/12/2021	JEFF WONG N2799 <i>dw</i> DAWN KELLEHER G8361 <i>dk</i>	DO M.CARTER N3754  TELEPHONE EXTENSION 	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 01/05/2021		ITEM(S) REQUESTED: DirecTV		CONTROL NUMBER IWF- 21-001	
Submitted by: D.O. Camarena		Serial No. N4206		Assignment: MJS/CSD	
Type of Expenditure:		Facility		Section of Approval Signature: [Redacted] Serial No. 32705	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS	Admin Section Review Signature [Redacted]		
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL			
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): DirecTV Invoice #018835073X210102, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates): TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure: Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost: \$321.66		Actual Cost: \$321.66		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 DirecTV		Customer Service		888-388-4249 \$321.66	
2					
3					
Vendor Selected: DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: <u>ORLANDO CHANDLER</u>		[Redacted Signature]		Serial No.: <u>26288</u> Date: <u>01/12/2021</u>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: <u>Sgt II B. Valle</u>				Serial No.: <u>35110</u> Date: <u>1/12/21</u>	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: <u>S. YIN</u>				Serial No.: <u>36468</u> Date: <u>12/05/2021</u>	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$40,000 Commanding Officer, SSG:		<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$50,000 Commanding Officer, ASB:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
1/6/21		Fast Signs				INF 21-002	
Submitted by:		Serial No.		Assignment:		Phone:	
Allen Hayden		N4461		77th RJS			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS	6484	
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
(12) Aluminum Signs / designs and set up fees, concerning Penal Code 2028(a) and 4023.6(a). Quote/Estimate total \$658.10. This quote does not include installation (which can be requested from GSD).							
Justification for expenditure (how will the expenditure benefit inmates):							
At the direction of Captain Gary Newton, he requested the vendor, FastSigns, to provide a quote for 12 new aluminum bilingual signs. There will be (2) signs placed at each Regional and Area jails. The signs are required to meet the 2021 legislative changes to above penal code sections regarding an incarcerated person who is pregnant and their rights to medical treatment. The law requires the information to be displayed in an area where an inmate may be able to read them.							
Reason City resources were not used for expenditure:							
There are no City funds for this purchase.							
Estimated Cost:		\$658.10		Actual Cost:		\$658.10	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	FastSigns	Sheldon Gifford				\$658.10	
2							
3							
Vendor Selected:		FastSigns		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	ORLANDO CHANDLER			26258		01-12-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	GARY NEWTON			47010		01-06-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	Sgt II B. Valle			35110		1-12-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:			Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:			Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied						Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
12/15/2020		Replacement of 100 Security CCTV CPU		IWF 4-003	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 27583	
				Admin Section Review Signature	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Upgrade CCTV CPU in [REDACTED] to Vostro 3000 Desktop, 9th gen IntelCore i7-9700 (8-core, 12mb Cache, up to 4.7GHz with intel Turbo Boost technology. Installation of Verint Hardware.					
Justification for expenditure (how will the expenditure benefit inmates):					
This is an older CPU, it is not working well with the windows 10 upgrades and i3 processor. This CPU is no longer able to perform video live view, there are skips and delays. Presently there is a loaner CPU in place. The new computer will be able to work well with Windows 10 platform and have a i7 processor. The new CPU will assist in the monitoring of the arrestees housed in [REDACTED] assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1719.23		1719.23		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		[REDACTED]		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47016	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt H B. Value		35116	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required If Over \$40,000 Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required If Over \$60,000 Commanding Officer, ASB:		Serial No.:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED		CONTROL NUMBER	
12/23/20		Electric Convection Oven		FWF 21 004	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Culinary Depot Quote / Job Reference Number: 71328 (attached); Hobart Convection Oven HEC501-480v Ph3, with three year extended warranty, additional lift gate delivery fee and sales tax.					
Justification for expenditure (how will the expenditure benefit inmates):					
Hobart model HEC501-480v is the modern replacement for the current B/O oven at 77th Regional Jail; Stainless steel full size, single deck, 500 degree temperature, 60 minute timer, 2 speed fan, 480 volts, Phase 3 electrical. The oven is used to heat inmate meals to required temperatures before being served. Extended warranty is for 3 years past 1 year standard warranty for parts, labor, and travel. Lift gate fee for delivery to 77th RJS (which has no accessible loading dock). Culinary Depot was selected based on past business dealings, after considering multiple other brand ovens and price.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$7,404.82		\$7,404.82		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Culinary Depot		Prina Massoth		[REDACTED]	
2					
3					
Vendor Selected:		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
Culinary Depot					
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		Orlando Chandler		26286	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Gary Newton		47016	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt II B. Valle		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
		Signature:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 12/30/2020		ITEM(S) REQUESTED: Service Call [REDACTED]		CONTROL NUMBER INF 21-005	
Submitted by: D.O. Marie Graham		Serial No.: N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [REDACTED]	
<input type="checkbox"/> REOCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No.: 27583	
Admin Section Review Signature: [REDACTED]					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<p>[REDACTED] PDO Rodriguez obtained authorization for RKM Communications dispatch [REDACTED] from Captain Chandler. RKM recycled camera system, and reloaded software all cameras came back up, adjustments made on one camera for focus.</p>					
Justification for expenditure (how will the expenditure benefit inmates):					
The expenditure was necessary for Jail Personnel to have access to live and recorder Video feed to help ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 337.50		Actual Cost: 337.50		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected: R.K.M. Communications		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: [REDACTED]		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt II B. Valle		Serial No.: 26288 Date: 1-12-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: GARY NEWTON		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [REDACTED]		Serial No.: 35110 Date: 1-12-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$10,000 Commanding Officer, ASB: [REDACTED]		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [REDACTED]		Serial No.: 47016 Date: 01-12-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$10,000 Commanding Officer, ASB: [REDACTED]		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: [REDACTED]		Serial No.: [REDACTED] Date: [REDACTED]	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 11/06/2020		ITEM(S) REQUESTED: Reach-In Freezer		CONTROL NUMBER INF 21 - 006	
Submitted by: Allen Hayden		Serial No. N4461		Assignment: 77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted]	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	6484		
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature: [Redacted]		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Culinary Depot Quote Number: 68202; Migali C-2F-HC, 49 Cu. ft., 2 door, 51.7 x 31.5 x 82.87 inch, Reach-In Freezer. Plus tax and additional lift gate delivery fee.					
Justification for expenditure (how will the expenditure benefit inmates):					
This unit will replace the current B/O unit at 77th Regional Jail and store frozen inmate meals at the required temperature. The previous freezer unit has reached end of life after multiple repair attempts over the last several years. This replacement unit selected (*other) based on the restrictive exterior dimensions to fit into the available Kitchen space and the inner dimensions needed to hold as much product as possible (48 cases). The jail currently only has one (1) working (walk in) freezer which also has a break down history as recent as (Oct. 2020), it is imperative to have an additional freezer unit. Culinary Depot was selected based on competitive pricing for this space restrictive sized item and their excellent communications when discussing our needs.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost: \$2,841.53		Actual Cost: \$2,841.53		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 Culinary Depot		Chase Mckenna		888-845-8200 \$2,841.53	
2				- -	
3				- -	
Vendor Selected: Culinary Depot		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: CAPTAIN [Redacted]		Serial No.: 26288		Date: 12/7/20
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47010		Date: 12/8/2020
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt 11 B. Valle		Serial No.: 35110		Date: 11/16/20
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Signature:		Date:
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
10/08/20		RFID CHIPS		INF 21-007	
Submitted by:		Serial No.		Assignment:	
SDO BRYANT		N4517		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
36 BAGS OF RFID CHIPS					
Justification for expenditure (how will the expenditure benefit inmates):					
The payment is for 36 bags of RFID chips. These chips are used with the Guardian system to track inmate activity. The chips are a unique identifier to each inmate. The RFID chips show real time tracking on inmates when staff conduct inmate welfare checks. These RFID chips directly benefit the inmates.					
Reason City resources were not used for expenditure:					
No City funds are allocated.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$ 9,273.88		\$ 9,273.88		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1	Precision Dynamics Corp	Bill Musolf			
2					
3					
Vendor Selected:		Precision Dynamics Corp		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARCIA NEWBY		Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt H B. Valie		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				Date:	




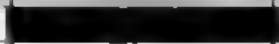
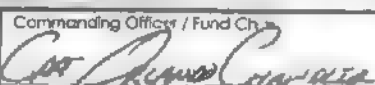

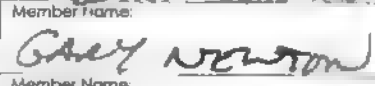
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
01/12/2021		Canes				IWF- 21-008	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain)		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Drive adjustable height offset cane. Quotation # Q10.10766							
Justification for expenditure (how will the expenditure benefit inmates):							
Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
\$480.00		\$480.00					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	1-800-WHEELCHAIR.COM	Lisa Stapley		800-320-7140		\$480.00	
2							
3							
Vendor Selected:		1-800-WHEELCHAIR.COM		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:			Serial No.:		Date:	
	GARY NEWTON			26284		01/13/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	S. YIN			47616		01/14/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:			Serial No.:		Date:	
	S. YIN			36468		01/13/2021	
Required If Over \$40,000		Commanding Officer, SSC:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							
Required If Over \$50,000		Commanding Officer, ASB:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							

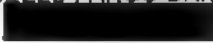

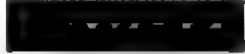

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/13/2021		New replacement camera to Cell [REDACTED] Camera		IWF 21-009	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Serial No. 33565					
Admin Section Review Signature: [REDACTED]					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On 01/12/2021 the front camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
[REDACTED] This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		CAPTAIN ORLANDO CHANDLER		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt 11 Brian Valle		35110	
Required if Over \$40,000		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 1/22/2021		ITEM(S) REQUESTED: Guardian Renewal Fee		CONTROL NUMBER IWF21 - 010	
Submitted by: SDO.BRYANT		Serial No N4517		Assignment: CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature: 	
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input checked="" type="checkbox"/> ALL	Admin Section Review Signature: 		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e., make, model, accessory equipment, size, installation requirements, etc.):					
Real time inmate management hardware/software.					
Justification for expenditure (How will the expenditure benefit inmates):					
The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).					
Reason City resources were not used for expenditure:					
No city funds are allocated. Guardian is considered  vendor based on devices, features, software, and support.					
Estimated Cost: \$12,500.00		Actual Cost: \$12,500.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate	
1 Guardian RFID		Paul Baze		 \$12,500.00	
2					
3					
Vendor Selected: Guardian RFID		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Ch. 				Serial No. 26254 Date: 61-25-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: 				Serial No. 47010 Date: 01-21-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt H B. Valle				Serial No. 35110 Date: 1-21-21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assistant to the Director OSO		Signature:		Serial No.: Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Director, Office of Special Operations.		Signature:		Serial No.: Date:

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND-UPDATE		MONTH FEBRUARY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
2/1/21	BANK BALANCE		\$1,278,633.80		
	WELLS FARGO BANK 				
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 27,259.85			
	TOTAL		1,251,373.95		
RECEIPTS THIS MONTH					
2/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF NOVEMBER	\$6,403.25			
2/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF DECEMBER	\$5,722.39			
2/16/21	PARTNERS FOR A SAFER AMERICA	\$15,600.00			
2/12/21	Reversal Check #1985 IWF 21-009	\$1493.78			
2/16/21	Reversal Check #1986 IWF 21-010	\$12,500.00			
2/18/21	Reversal Check #1987 IWF 21-011	\$799.19			
2/25/21	Reversal Check #1985-IWF 21-009 VENDOR RESUBMITTED	\$1493.78			
	TOTAL		\$44,012.39		
2/28/21	BEGINNING BALANCE PLUS RECEIPTS		\$1,295,386.34		
DISBURSEMENTS THIS MONTH					
2/17/21	Check #1987 RKM COMMUNICATIONS IWF 21-011	\$799.19			
2/24/21	Check #1985 RKM COMMUNICATIONS IWF 21-009 (RESUBMITTED)	\$1493.78			
2/19/21	Check #1988 GUARDIAN RFID IWF (REPLACED CHK #1986) IWF 21-010	\$12,500.00			
2/19/21	Check #1989 DIRECTV -MARCH IWF 21-013	\$335.24			
2/19/21	Check #1990 RKM COMMUNICATIONS IWF 21-014	\$472.50			
2/19/21	Check #1991 STATE OF CALIFORNIA OF PUBLIC HEALTH IWF 21-015	\$512.00			
2/19/21	Check #1992 ASSI SECURITY IWF 21-016	\$44,301.89			
2/19/21	Check #1993 ASSI SECURITY IWF 21-017	\$15,160.10			
2/19/21	Check #1994 RKM COMMUNICATION(REPLACED CHK#1985) IWF21-009	\$1,493.78			
	WELLS FARGO SERVICE FEE	\$24.12			
	TOTAL		\$77,092.60		
			\$1,218,293.74		
ENDING BALANCE					
2/28/21	BANK BALANCE		\$1,293,898.25		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$75,604.51			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,218,293.74		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 5/12/21	AUDIT COMMITTEE JEFF WONG N2799 DAWN KELLEHER G8361		PREPARED BY DO M CARTER N3754  TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/25/2021		Two new Aiphone units for back gate intercom		IWF 21-011	
Submitted by:		Serial No.		Assignment:	
D.O Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.					
Justification for expenditure (how will the expenditure benefit inmates):					
The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail, all visitors need to contact jail personnel through this unit.					
15 2 was completed and ITA responded with bid for repairs. (Attached)					
Second bid provided from RKM					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
799.19		799.19		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R K M Communications		Robert Martin		799 19	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair.		Serial No.:	
		Orlando Chandler		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		GARY NEWTON		47818	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		Sgt II B. Valle		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
01/13/2021		New replacement camera to Cell [REDACTED] Camera		IWF 21-009	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No. 33565	
				Admin Section Review Signature: [REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [REDACTED] camera for cell [REDACTED] stopped working and would not restart. This is an original camera that was installed in 2011. Camera will be replaced with a new Verint [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

[REDACTED] This camera is out of warranty and non-repairable. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	1493.78	Actual Cost:	1493.78	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name	Contact	Phone	Estimate:		
1. R.K.M Communications	Robert Martin	[REDACTED]	1493.78		
2.					
3.					
Vendor Selected:	R.K.M. Communications	Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair [Signature]	[REDACTED SIGNATURE]	Serial No.: 26288	Date: 1/25/2021
	Member Name GARY NEWTON		Serial No.: 47010	Date: 01/28/21
	Member Name Sgt II Brian Valle		Serial No.: 35110	Date: 1/28/21
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSF:	Signature:	Serial No.:	Date:
Required if Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:	Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 1/22/2021		ITEM(S) REQUESTED: Guardian Renewal Fee		CONTROL NUMBER IWF21 - 0/0	
Submitted by: SDO BRYANT		Serial No. N4517		Assignment: CSD	
Type of Expenditure:		Facility		Section OfC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input checked="" type="checkbox"/> ALL		Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Real time inmate management hardware/software.					
Justification for expenditure ,how will the expenditure benefit inmates:					
The payment is for the yearly system renewal fee of the Guardian RFID system for all of Custody Services Division. The Guardian system provides real-time cell check documentation. Additionally, it provides a multitude of other services unique to custody environments. Combined with the RMS system, Guardian RFID provides increased inmate management Capabilities for CSD. Installation fulfills CSD modernization commitment(s).					
Reason City resources were not used for expenditure:					
No city funds are allocated. Guardian is considered a [REDACTED] vendor based on devices, features, software, and support.					
Estimated Cost: \$12,500.00		Actual Cost: \$12,500.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 Guardian RFID		Paul Baze		[REDACTED]	
2					
3					
Vendor Selected: Guardian RFID		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$50,000		Commanding Officer / Fund Chair [Signature] Member Name: GARY NEWTON Member Name: Sgt U B. Valle		Serial No.: 26256 Serial No.: 47010 Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required If Over \$50,000		Director, Office of Special Operations: [Signature]		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
02/04/2021		DirecTV				IWF- 21-013	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIG Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210202, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost: \$ 335.24		Actual Cost: \$ 335.24		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$ 335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair CAPTAIN CARLOS CHAVEZ Sgt II B. Valle Member Name: Sgt II Sam Yin		[REDACTED SIGNATURE] [REDACTED SIGNATURE] [REDACTED SIGNATURE]		Serial No.: 26284 35120 36468	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC: [REDACTED]		Serial No.: [REDACTED]		Date: 2/9/21 2/9/21 02/04/2021	
Required If Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [REDACTED]		Signature: [REDACTED]		Serial No.: [REDACTED]	

Duplicate - Original lost

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
12/01/2020		Emergency Call out [REDACTED]		21-014	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
REOCCURRING		MJS		[REDACTED]	
X NEW		77TH		Serial No. 33565	
OTHER (explain below)		X VJS		Admin Section Review Signature: [REDACTED]	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

[REDACTED] RKM was called out by PDO Anderson for [REDACTED] a Power surge at Van Nuys Area and Jail caused [REDACTED] to stop communicating with the server. Technician dispatched to Valley jail, cameras were rebooted unsuccessfully cameras were de-powered, reset and software re-loaded and re-booted, cameras were fully functioning at [REDACTED]

Justification for expenditure (how will the expenditure benefit inmates):

These Cameras will assist in monitoring the arrestees that are in these cells assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	472.50	Actual Cost:	472.50	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name	Contact	Phone:	Estimate:		
1. R.K.M Communications	Robert Martin	[REDACTED]	472.50		
2.					
3.					
Vendor Selected:	R.K.M. Communications		Reason Selected:	<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:	[REDACTED]	Serial No.:	Date:
	Member Name:		26288	2/9/21
	GARY NEWTON		Serial No.:	Date:
	Member Name:		47610	02/11/21
	Sgt II B. Valle		Serial No.:	Date:
			35110	2/9/21
Required if Over \$40,000	Commanding Officer, SSC:	Signature:	Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				
Required if Over \$80,000	Commanding Officer, ASB	Signature:	Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied				

Gwen

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
2/10/2021		Body Scanner Registration Renewal		21-015	
Submitted by		Serial No.		Assignment:	
Jackson		N3068		Administrative	
Type of Expenditure.		Facility		Section OIC Approval Signature: Serial No.	
<input checked="" type="checkbox"/> REOCCURRING		<input checked="" type="checkbox"/> MJS <input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Justification for expenditure (how will the expenditure benefit inmates):					
In accordance with Title 17, California Code of Regulations, Section 30145, Custody Services Division must pay a registration renewal fee to the Department of Public Health Radiologic Health Branch for the Body Scanner located at the MDC.					
Reason City resources were not used for expenditure:					
The system was not included in the Division's budget.					
Estimated Cost:		Actual Cost:		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
\$512		\$512			
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 State of California Department of Public Health		Radiologic Health Branch		(916) 327-5106	
2					
3					
Vendor Selected:		State of California Department of Public Health		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.	
		CHANDLER		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Print Member Name:		Serial No.	
		GARY NEWTON		47016	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Print Member Name:		Serial No.	
		Sgt 11 B. Valle		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Assistant to the Director, OSO:		Serial No.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Director, Office of Special Operations:		Serial No.	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
2/11/21		ASSI Security Install (90% Progress)		IWF 21-016	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Serial No. 6484 Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
90% Progress Billing for the installation of Jail Control Systems, Intercoms, and CCTV feed at 77th Regional Jail from Proposal 7851-4-0-2. ASSI Job 20173. Contract # C-124017.					
Justification for expenditure (how will the expenditure benefit inmates):					
This IWF will complete the initial billing proposal for the 77th Regional Jail upgrade and replacement of video work stations, CCTV monitors, door and intercom controls. These upgrades are necessary to replace end of life equipment and to ensure a safe and secure environment for employees and arrestees housed in our facility in compliance with Title 15.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost: \$44,301.89		Actual Cost: \$44,301.89		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate	
1 ASSI		Greg Doyle		\$44,301.89	
2					
3					
Vendor Selected: ASSI		Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair:				Serial No.: 26288 Date: 02-16-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name:				Serial No.: 47010 Date: 02-11-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name:				Serial No.: 3511 Date: 2-11-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, SSG:				Serial No.: 30493 Date: 02/24/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:		Signature: /		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
02/16/2021		ASSI Security				IWF- 31-017	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	32705
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

ASSI Security Proposal: 8745-1-0-1 (LAPD Camera and Server add on).

ASSI to replace old [REDACTED] camera with a new [REDACTED] camera.

New [REDACTED] server added too make room for new and future cameras.

Justification for expenditure (how will the expenditure benefit inmates):

Cameras service for arrestee's safety and observation per Title 15.

Reason City resources were not used for expenditure:

Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.

Estimated Cost:	\$15,160.10	Actual Cost:	\$15,160.10	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

Company Name	Contact	Phone:	Estimate:
1 ASSI Security	Larry Picone	[REDACTED]	\$15,160.10
2			
3			

Vendor Selected: ASSI Security Reason Selected: ☐ Price ☐ City Vendor ☒ Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>CAPTAIN ORLANDO</i>	[REDACTED SIGNATURE]	Serial No.: 26288	Date: 2/16/21
	[REDACTED SIGNATURE] <i>GARY NEWTON</i>		Serial No.: 47010	Date: 02/17/21
	[REDACTED SIGNATURE] <i>Sgt 11 B. Valle</i>		Serial No.: 35110	Date: 2-16-21
Required \$ Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC: Signature:	Serial No.	Date:	
Required \$ Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB: Signature:	Serial No.	Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
01/25/2021		Two new Aiphone units for back gate intercom		IWF 21-011	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No.	
				33565	
				Admin Section Review Signature:	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

Replacement of existing intercom with two new units, using existing wire. Aiphone Lef-5 intercom Master Station, and Aiphone Le-Da Door Station.

Justification for expenditure (how will the expenditure benefit inmates):

The intercom at the Valley Jail outside Sally Port Gate is not functioning properly. It is difficult to understand the speaker. This intercom is essential to the communication with visitors of the Valley Jail; all visitors need to contact jail personnel through this unit.

15.2 was completed and ITA responded with bid for repairs. (Attached)

Second bid provided from RKM

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees.

Estimated Cost:	799.19	Actual Cost:	799.19	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--------	--------------	--------	-----------------------	---

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin		799.19
2				
3				

Vendor Selected:	R.K.M. Communications	Reason Selected:	Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other
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DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Chandler</i> Member Name		Serial No.: 26288	Date: 01/31/21
	Approved Denied <i>GARY NEWTON</i> Member Name		Serial No.: 47810	Date: 01/29/21
	Approved Denied <i>Sgt II B. Valle</i> Member Name		Serial No.: 35110	Date: 1/28/21
Required if Over \$40,000 <input type="checkbox"/>	Commanding Officer, SSC:	Signature:	Serial No.:	Date:
Approved Denied	Commanding Officer, ASB:	Signature:	Serial No.:	Date:
Approved Denied				

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
03/09/2021		DirecTV - March				IWF- 21-018	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	32765	
<input type="checkbox"/>	NEW		77TH		ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)		VJS		OTHER (explain)		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210302, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost:		\$335.24		Actual Cost:		\$335.24	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CARAN ORLANDO CHANDLER Member Name:		Signature:		Serial No.: 26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		GARY NEWTON Member Name:		Signature:		Serial No.: 47610	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		S. YIN Member Name:		Signature:		Serial No.: 36468	
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC:		Signature:		Serial No.: Date:	
<input type="checkbox"/> Required If Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Signature:		Serial No.: Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND AMENDED INMATE WELFARE FUND		MONTH APRIL	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
4/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]		\$ 1,224,747.61		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$ 992.00			
		TOTAL	\$1,223,755.61		
RECEIPTS THIS MONTH					
4/22/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF FEBRUARY	\$8,121.41			
		TOTAL	\$8,121.41		
4/30/21		BEGINNING BALANCE PLUS RECEIPTS	\$1,231,877.02		
DISBURSEMENTS THIS MONTH					
12/16/20	Check #1965 HOBERT SERVICE WF 995 PREVIOUS AUDITOR DID NOT REPORT PROPERLY IN BOOK-MISSED CHECK	\$349.00			
4/16/21	Check #1998 DIRECTV IWF 21-020	\$322.74			
4/20/21	Check #1999 CEECO IWF 21-021	\$206.76			
4/23/21	Check# 2000 LA DAILY NEWS 21-023	\$2551.86			
4/12/21	WELLS FARGO SERVICE FEE	\$31.34			
		TOTAL	\$3,461.69		
			\$1,228,415.33		
ENDING BALANCE					
4/30/21	BANK BALANCE		\$1,231,447.19		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$3,031.86			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
		TOTAL	\$1,228,415.33		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
[REDACTED]		6/16/21	JEFF WONG N2799 J.W.		DO M CARTER N3754 [REDACTED]
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			DAWN KELLEHER G8361 DK		TELEPHONE EXTENSION [REDACTED]



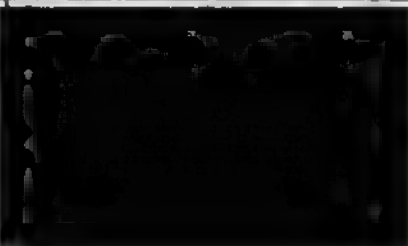
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
04/08/2021		DirecTV		IWF- 21-020	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section Approval Signature:	
<input checked="" type="checkbox"/> X	REOCCURRING	<input checked="" type="checkbox"/> X	MJS	Serial No.	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X210402, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$322.74		\$322.74		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected:		DirecTV		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.:	
		<i>Orlando Chandel</i>		26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		<i>GARY NEWTON</i>		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		Serial No.:	
		<i>Sgt N B. Valle</i>		35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:	
		Signature:		Date:	

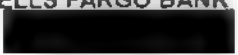

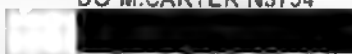

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(s) REQUESTED		CONTROL NUMBER
4/7/21	Visitation Phone		FPP - 21-021
Submitted by:	Serial No.	Assignment:	Phone:
Allen Hayden	N4461	77th RJS	
Type of Expenditure:	Facility	Section Of Approval	Signature:
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	Serial No.
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	31287
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):	
Admin Section Review Signature			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):			
Ceeco vandal resistant steel prison visitation phone, model SSP-350D-X-M-STC-UNVL-ACH12-LB-NB, additional security tool, Quote #14192. Installation to be requested by GSD upon delivery.			
Justification for expenditure (how will the expenditure benefit inmates):			
The Ceeco stainless steel prison visitation phone (handset, 12 inch armored cord, base) will replace the B/O inmate visitation handset in 77th RJS visitation booth No.1. The B/O model is no longer available for order/replacement from Dukane (product manufacturer from 1995, now out of business). The Ceeco sales representative says this is a compatible replacement unit for the Dukane model no.7A1060 (see attached email). Expenditure will benefit the inmates by facilitating visitation between inmates, their families and/or bail agents or other.			
Reason City resources were not used for expenditure:			
There are no City or Department funds allocated for this expense.			
Estimated Cost:	206.75	Actual Cost:	\$206.75
City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)			
Company Name	Contact	Phone:	Estimate:
1 CEECO	Trenda Matheny		\$206.75
2			
3			
Vendor Selected: Ceeco		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: <i>Orlando Cannata</i>	Serial No.: 26288	Date: 4-12-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>GARY NEWTON</i>	Serial No.: 47010	Date: 04-08-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: <i>Sgt. B. Valle</i>	Serial No.: 35110	Date: 4-19-21
<input type="checkbox"/> Required if Over \$40,000	Commanding Officer, SSG:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:	Signature:	Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Serial No.:	Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
4/22/21		English Newspaper				IWF-21-023	
Submitted by:		Serial No.		Assignment:		Phone:	
M. CARTER		N3754		MJS/CSD			
Type of Expenditure:		Facility		Section OIE Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin/Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	PACIFIC JAIL	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.)							
Yearly subscription to the Daily News (English newspaper) for Pacific Jail.							
Justification for expenditure (how will the expenditure benefit inmates):							
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).							
Reason City resources were not used for expenditure:							
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.							
Estimated Cost:		\$2551.86		Actual Cost:		\$2551.86	
City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	L.A. DAILY NEWS	Customer Service		818-713-3131		\$2551.86	
2							
3							
Vendor Selected:		DirecTV		Reason Selected		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:				Serial No.:	
		CAPTAIN CHARLES CHANDLER				26288	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:				Serial No.:	
		GARY NEWTON				47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:				Serial No.:	
		Sgt. # B. Valle				35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:				Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASG:		Signature:		Serial No.:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH MAY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
5/1/21	BANK BALANCE WELLS FARGO BANK 		\$1,231,447.19		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$ 3,031.86			
	TOTAL		1,228,415.33		
RECEIPTS THIS MONTH					
5/10/21	WELLS FARGO INTEREST EARNED	\$4.54			
5/18/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MARCH 2021	\$8,118.36			
5/11/21	STOP PAYMENT CHECK#1983 IWF 21-008 / JAN 2021	\$480.00			
	TOTAL		\$8,602.90		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,237,018.23		
DISBURSEMENTS THIS MONTH					
5/7/21	Check #2001 RKM COMMUNICATIONS IWF 21-024	\$1493.78			
5/7/21	Check #2002 RKM COMMUNICATIONS IWF 21-025	\$1493.78			
5/11/21	Check #2003 RKM COMMUNICATIONS IWF 21-026	\$506.25			
5/11/21	Check #2004 1-800-WHEELCHAIR.COM IWF 21-008 (RESUBMIT)	\$480.00			
5/11/21	Check #2005 DIRECTV IWF 21-027	\$335.24			
5/25/21	Check #2006 Guardian RFID IWF 21-029	\$270.00			
5/26/21	Check #2007 RKM COMMUNICATIONS IWF 21-028	\$810.00			
	TOTAL		\$5,389.05		
	ENDING BALANCE		\$1,231,629.18		
5/31/21	BANK BALANCE		\$1,233,215.43		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$1,586.25			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,231,629.18		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 6/16/21	AUDIT COMMITTEE JEFF WONG N2799 J.W. DAWN KELLEHER G8361 DK		PREPARED BY DO M.CARTER N3754  TO: SPENDING DIVISION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
04/21/2021		New replacement camera to [REDACTED]		FWF 21-024	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		MJS		[REDACTED]	
<input checked="" type="checkbox"/> NEW		77TH		Serial No. 27583	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> OTHER (explain):			
<p>Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):</p> <p>On [REDACTED] Hallway [REDACTED] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED]</p>					
<p>Justification for expenditure (how will the expenditure benefit inmates):</p> <p>This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the Hallway outside cells [REDACTED]</p>					
<p>Reason City resources were not used for expenditure:</p> <p>Expenditure was not included in the City's budget and directly benefits arrestees.</p>					
Estimated Cost: 1493.78		Actual Cost: 1493.78		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Signature] Member Name: GARY NEWTON Member Name: Sgt H B. Valle		Serial No.: 2625A Serial No.: 47010 Serial No.: 35110	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC: [Signature]		Serial No.: Date: 5/4/2021 Date: 5/06/21 Date: 5/5/21	
Required if Over \$30,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Signature]		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
04/28/2021		New replacement camera to [REDACTED]		IWF 21 - 025	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OTC Approval Signature:	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): On [REDACTED] Camera [REDACTED] was damaged by an arrestee and stopped working, camera restarted and now out of focus, multiple attempts to focus were made without success. This camera was one of the original cameras placed in 2011. The camera recommendation is to replace with a new Verint [REDACTED].					
Justification for expenditure (how will the expenditure benefit inmates): This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with departments roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair:		[REDACTED]		Serial No.: 26258	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name:		[REDACTED]		Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name:		[REDACTED]		Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$40,000		Commanding Officer, SSC		Serial No.: [REDACTED]	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$40,000		Commanding Officer, ASB:		Serial No.: [REDACTED]	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 05/04/2021		ITEM(s) REQUESTED: Repair to [REDACTED] CCTV CPU		CONTROL NUMBER JEF 21 024	
Submitted by: D O. Marie Graham		Serial No. N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [REDACTED]	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Pick up and return of the B/O [REDACTED] CCTV CPU, repair required removal of unauthorized software and installation of New Network Adapter, fresh installation of Windows and the disabling of the network adapter on the motherboard was performed. Equipment: Low Profile PCI network adapter.					
Justification for expenditure (how will the expenditure benefit inmates): The CPU is necessary to view camera feed in [REDACTED] office. This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the [REDACTED] of Valley Jail Section.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 506.25		Actual Cost: 506.25		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 R K M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected: R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair: [REDACTED]		[REDACTED]		Serial No.: 26288 Date: 05-11-2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: GARY NEWTON				Serial No.: 47010 Date: 05-11-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt II B. Valle				Serial No.: 35110 Date: 5/10/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$40,000: Commanding Officer, ASB:				Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Required if Over \$50,000: Commanding Officer, ASB:		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

01/12/2021		Canes		IWF- 21-008	
D.O. Camarena		N4206		MJS/CSD	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	AREAS [REDACTED] 32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	ALL Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain)	
<p>Drive adjustable height offset cane. Quotation # Q10.10766</p>					
<p>Canes are used for inmates with medical mobility limitations while detained at LAPD MDC. Also, canes are utilized during special transportation for court and hospitalization visits.</p>					
<p>Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.</p>					
\$480.00		\$480.00		Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name	Contact	Phone	Estimate		
1 1-800-WHEELCHAIR.COM	Lisa Stapley	800-320-7140	\$480.00		
2					
3					
Vendor Selected: 1-800-WHEELCHAIR.COM		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Fund Chair: [Signature: CAROL ORLANDO CHACIZ]		Serial No.: 26298		Date: 01/13/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON		Serial No.: 47610		Date: 01/14/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: S. YIN		Serial No.: 36468		Date: 01/13/2021
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
05/10/2021		DirecTV				IWF- 21-027	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	[REDACTED]	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210502, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$335.24		\$335.24					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Signature: Captain David Chandler]		Serial No.: 26288		Date: 5/11/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No: 47010		Date: 5/11/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt. II B. Valle		Serial No: 35110		Date: 5/11/21	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ESS:		Signature:		Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
05/20/21		GUARDIAN SPARTAN BATTERY COVER				WFF 21-029	
Submitted by:		Serial No.		Assignment			
SDO BRYANT		N4517		CSD			
Type of Expenditure:		Facility		Section O.C. Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature: [Redacted]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):	96162	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Replacement battery cover for Guardian Spartan devices.							
Justification for expenditure (how will the expenditure benefit inmates):							
This payment is for 10 replacement battery covers to secure the Spartan device and battery while utilizing during inmate welfare checks to benefit inmates while in custody.							
Reason City resources were not used for expenditure:							
No City funds are allocated.							
Estimated Cost:		\$ 270.00		Actual Cost:		\$ 270.00	
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Estimate			
1	Guardian RFID	Mark Thomson		\$ 270.00			
2							
3							
Vendor Selected:		Eboni Bryant		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair		Serial No.		Date:		
	CAPTAIN ORLANDO CHANDLER		26258		05/24/2021		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.		Date:		
	GARY NEWTON		47010		05/24/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.		Date:		
	Sgt II B. Valle		35110		5/20/21		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if over \$20,000		Serial No.		Date:		
	Commanding Officer, SSG						
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if over \$20,000		Serial No.		Date:		
	Commanding Officer, ASB						

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 05/13/2021		ITEM(s) REQUESTED: Emergency Call Out, CCTV Not Recording		CONTROL NUMBER WDF 21-028	
Submitted by: D O. Marie Graham		Serial No. N3073		Assignment: CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted]	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	OTHER (explain):	

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):

On [Redacted] it was discovered half the CCTV cameras were not recording. An Emergency call out for Service call was authorized by Captain Newton. System was Rebooted including software and all POE switches, with no improvement, remote access was completed without results additional tech support was acquired and worked with the on-site tech. It was determined that server [Redacted] Tech transferred all recordings over to Server [Redacted] for emergency basis only Technician was able to get server [Redacted] back on-line, the existing files were reconfigured and is working again. CCTV System needs to be upgraded to the newest software available with the Verint maintenance agreement.

Justification for expenditure (how will the expenditure benefit inmates):

CCTV systems are essential in providing effective security in jails. The recording servers allow this information to be saved and viewed at later dates or downloaded for permanent record. The recordings are instrumental in analyzing incidents involving use of force and inmate complaints helping to ensure better employee compliance with Department roles

Reason City resources were not used for expenditure:

Expenditure was not included in the City's budget and directly benefits arrestees

Estimated Cost: **810.00** Actual Cost: **810.00** City Approved Vendor: ☒ Yes ☐ No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	R.K.M Communications	Robert Martin	[Redacted]	810.00
2				
3				

Vendor Selected: **R.K.M. Communications** Reason Selected: ☐ Price ☐ City Vendor ☒ Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	*Commanding Officer / Fund Chair 	Serial No.: 26288	Date: 5/25/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON	Serial No.: 47010	Date: 05/25/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt II B. Valle	Serial No.: 35110	Date: 5/25/21
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC.	Signature:	Serial No.:
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB.	Signature:	Serial No.:

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JUNE	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
6/1/21	BANK BALANCE		\$1,233,215.43		
	WELLS FARGO BANK				
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$ 1,586.25			
	TOTAL		\$1,231,629.18		
RECEIPTS THIS MONTH					
6/8/21	WELLS FARGO INTEREST EARNED	\$1.30			
6/15/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF APRIL	\$6,892.77			
	TOTAL		\$6,894.07		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,238,523.25		
DISBURSEMENTS THIS MONTH					
6/15/21	Check #2008 SOUTHERN CALIF NEWS GROUP IWF21-030	\$5,475.00			
6/15/21	Check #2009 SOUTHERN CALIF NEWS GROUP IWF21-031	\$1,095.00			
6/15/21	Check #2010 RKM COMMUNICATIONS IWF 21-032	\$1,493.78			
6/15/21	Check #2011 RKM COMMUNICATIONS IWF 21-033	\$767.00			
6/15/21	Check #2012 ASSI IWF 21-034	\$915.00			
6/15/21	Check #2013 PCD IDENTICARD IWF 21-035	\$1,154.14			
6/15/21	Check #2014 DIRECTV IWF 21-036	\$328.99			
	TOTAL		\$11,228.91		
			\$1,227,294.34		
ENDING BALANCE					
6/30/21	BANK BALANCE		\$1,237,279.26		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$9,984.92			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,227,294.34		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
[REDACTED]		7/12/21	JEFF WONG N2799		DO M.CARTER N3754
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division			LYNN FREDA N3693		TELEPHONE EXTENSION

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER		
06/01/2021		Los Angeles Daily News				IWF-21-030		
Submitted by:		Serial No.		Assignment:		Phone		
D.O. Carter		N3754		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	36468	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).								
Yearly subscription to the Los Angeles Daily News for 77 th Street Jail.								
Justification for expenditure (how will the expenditure benefit inmates):								
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).								
Estimated Cost:		\$5,475.00		Actual Cost:		\$5,475.00		
City Approved Vendors:		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone		Estimate:		
1	Los Angeles Daily News	Mike Jones		[REDACTED]		\$5,475.00		
2								
3								
Vendor Selected:		Los Angeles Daily News		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED SIGNATURE]		Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		6/3/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Lt Joe Hume				32705		6/9/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle				35110		6/3/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
06/01/2021		Los Angeles Daily News		IWF-21-031	
Submitted by:		Serial No.		Assignment:	
D.O. Carter		N3754		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	MJS	AREAS	36462	
<input type="checkbox"/>	NEW	77TH	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	VJS	<input checked="" type="checkbox"/> OTHER (explain):	HARBOR JAIL	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Yearly subscription to the Los Angeles Daily News for Harbor Jail.					
Justification for expenditure (how will the expenditure benefit inmates):					
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).					
Estimated Cost: \$1,095.00 Actual Cost: \$1,095.00 City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Los Angeles Daily News		Mike Jones		\$1,095.00	
2					
3					
Vendor Selected:		Los Angeles Daily News		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Serial No.:		Date:
	CAPTAIN ORLANDO CHANDLER		26284		6/8/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt II B. Valle		38110		6/8/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.:		Date:
	Lt Jof / Asuncion		32201		6/9/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Serial No.:		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
06/07/2021		New replacement camera to Cell 217 front		IWP 21-032	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 33565	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [REDACTED] camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new Verint [REDACTED].					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R K.M. Communications		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair CAPTAIN [REDACTED]		Serial No.: 26288 Date: 6/9/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Lt. Joe Hume		Serial No.: 32765 Date: 6/9/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II B. Valle		Serial No.: 35110 Date: 6/9/21	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB Signature:		Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
06/03/2021		Annual Software Maintenance and Support for Foothill Jail CCTV System		70F 21-083	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> X	REOCURRING	MJS	AREAS	33565	
<input type="checkbox"/>	NEW	77TH	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/> X	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Annual (one (1) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Foothill Jail. Post warranty additional one(1) year. Coverage through 04/30/2023.					
Justification for expenditure (how will the expenditure benefit inmates):					
This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras This warranty will allow Foothill Jail to have continued software support and upgrades to our camera systems This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
767 00		767 00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K M Communications		Robert Martin		767.00	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, Fund Chair:  Member Name: Sgt II B. Valle Member Name: Lt Joe Hernandez		Serial No : 26288 Serial No: 35110 Serial No: 32765	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000 Commanding Officer, ASB:		Date: 6-8-2021 Date: 6-8-21 Date: 6-9-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No : Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
6/8/21		Pacific Camera Replacement		INT 21 - 034	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input checked="" type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain): Pacific Jail	
				Serial No. 31287	
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
ASSI Service Proposal 2021-315; Pacific Area Jail, Replace non-fuctioning, [REDACTED] Verint Fixed Dome Network Camera plus labor.					
Justification for expenditure (how will the expenditure benefit inmates):					
This proposal will cover the parts and labor ([REDACTED]) to replace the non-fuctioning/unreparable Verint Fixed Dome Network Camera in Cell [REDACTED] at the Pacific Area Jail. This camera is necessary to maintain and record continual observation of cell activity and to provide a safe and secure environment while arrestees are in our custody.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost: \$915.00		Actual Cost: \$915.00		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 ASSI		Emma Gonzazlez		[REDACTED]	
2					
3					
Vendor Selected: ASSI		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000		Commanding Officer / Fund Chair: CAPTAIN ORLANDO CHANDLER Member Name: Sgt II B. Valle Member Name: Lt Joe Herrera Commanding Officer, SSG		Serial No.: 26288 Serial No.: 35110 Serial No.: 32765 Serial No.: [REDACTED]	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000		Commanding Officer, ASB:		Date: 6/8/2021 Date: 6/8/21 Date: 6/6/21 Date: [REDACTED]	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Date:	

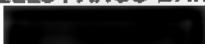


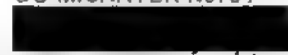
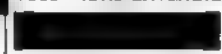
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 11/21	ITEM(s) REQUESTED: Arrestee Wristbands & Fasteners	CONTROL NUMBER 7WF21-035		
Submitted by: Allen Hayden	Serial No. N4461	Assignment: 77th RJS	Phone: 	
Type of Expenditure:	Facility	Section: 7 C Approval Signature:	Serial No. 3122	
<input checked="" type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS <input checked="" type="checkbox"/> AREAS			
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature:		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):	77th RJS, Harbor Jail, Pacific Jail		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):				
Purchase of secureband wristbands (for Drop and Go use) and steel clincher dual grip fasteners (for heat sealed permanent arrestee court wristbands). PCD Identocard Account 6311130621, Quote No. 26374780.				
Justification for expenditure (how will the expenditure benefit inmates):				
This is a reoccurring expense for wristbands and fasteners that ensure arrestees are issued telephone pin numbers upon entering the jail system via a paper wristband before being booked. Steel clinchers are used to attach permanent wristbands which identify arrestees by name and booking number as they enter and during their stay in our facility. Fasteners are used to assemble arestee wristbands and court loops (which we cut in half before assembling for court transportation identification resulting in a shortage of provided wristband clinch fasteners).				
Reason City resources were not used for expenditure:				
There are no City or Department funds allocated for this expense.				
Estimated Cost:	\$1,154.14	Actual Cost:	\$1,154.14	
City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)				
Company Name	Contact	Phone:	Estimate:	
1 PCD Identocard	Debra Chavez		\$1,154.14	
2		-		
3		-		
Vendor Selected: PCD Identocard		Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair CAPT. [Signature] Member Name: Lt Joe Hernandez Member Name: Sgt. B. Valle		Serial No.: 26288 Date: 6/14/21 Serial No.: 32765 Date: 6/9/21 Serial No.: 35110 Date: 6/9/21	
	Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG	Signature:	Serial No.
	Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB	Signature:	Serial No.


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
06/10/2021		DirecTV				IWF- 21-036	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210602, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$328.99		\$328.99					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$328.99	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: <i>Captain Orlando Chandez</i> Member Name: <i>Sgt H. Valle</i>		[REDACTED SIGNATURE]		Serial No. 26286 36468 35110	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASF:		Signature:		Serial No. Date:	
Required If Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied						Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH JULY	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
7/1/21	BANK BALANCE WELLS FARGO BANK 		\$1,237,279.26		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$ 9,984.92			
	TOTAL		\$1,227,294.34		
RECEIPTS THIS MONTH					
7/9/21	WELLS FARGO INTEREST EARNED	\$0.63			
7/27/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MAY	\$8,161.46			
7/14/21	PARTNERS FOR A SAFER AMERICA	\$250,000.00			
7/19/21	PARTNERS FOR A SAFER AMERICA	\$92,488.00			
	TOTAL		\$350,650.09		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,577,944.43		
DISBURSEMENTS THIS MONTH					
7/1/21	Check #2015 STAXI IWF 21-019	\$2,352.00			
7/1/21	Check #2016 RKM COMMUNICATIONS IWF 21-037	\$4,560.00			
7/6/21	Check #2017 ASSI SECURITY IWF 21-012	\$34,033.84			
7/7/21	Check #2018 RKM COMMUNICATIONS IWF 21-039	\$1,458.78			
7/8/21	Check #2019 DIRECTV IWF 21-038	\$335.24			
	TOTAL		\$ 42,739.86		
			\$1,535,204.57		
ENDING BALANCE					
7/31/21	BANK BALANCE		\$1,535,204.57		
	<u>DEPOSITS IN TRANSIT</u>	\$0			
	<u>OUTSTANDING CHECKS</u>	\$0			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,535,204.57		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
		8/12/21	JEFF WONG N2799 <i>JW</i>  LYNN H. ZDA N5845		DO M. CARTER N3754 
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division					TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 3/31/21		ITEM(S) REQUESTED: Transport Chairs		CONTROL NUMBER 21-019	
Submitted by: Allen Hayden		Serial No. N4461		Assignment: 77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: [Redacted]	
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS	<input type="checkbox"/> AREAS	Serial No. 31287		
<input checked="" type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature: [Redacted]		
<input type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Purchase of two Staxi brand transport chairs; AP010-X Staxi commercial chair - Diamond Back model. Quote number ST-00040242.					
Justification for expenditure (how will the expenditure benefit inmates):					
This IWF is for the purchase of two new Staxi brand Transport Chairs which are used in the jail to transport inmates between floors and throughout the facility. 77th Jail currently only has one Staxi chair that is over 10 years old and is structurally failing (see attached photographs). Staxi chairs are the current standard in hospitals and correctional facilities, they offer better transport capabilities over folding wheelchairs when dealing with medical emergencies and/or uncooperative arrestees.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense. <i>KB'd by Capt. Chandler for more info. 4/12/21</i>					
Estimated Cost: \$2,352.00		Actual Cost: \$2,352.00		City Approved Vendor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 Staxi		Lori Studley		877-677-8294 \$2,352.00	
2					
3					
Vendor Selected: Staxi		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair <i>Orlando Chandler</i>			Serial No. 26288	Date: 05-03-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name GARY NEWTON			Serial No. 47010	Date: 05-01-21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name Sgt II B. Valle			Serial No. 35110	Date: 5/3/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000 Commanding Officer, SSG.		Signature:	Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$50,000 Commanding Officer, ASB:		Signature:	Serial No.	Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
06/01/2021		Biennial Maintenance and Support for Valley Jail CCTV System		TWP 21-037	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section <input checked="" type="checkbox"/> Approval Signature:	
<input checked="" type="checkbox"/>	REOC CURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Biennial (Two (2) year) of Indirect Gold Software Maintenance, Includes remote Technical Support Assistance on business days 0900 to 1700 local time, online resources, software error corrections, and updates for CCTV system at Valley Jail. Post warranty additional Two(2) year. Coverage will begin 05/01/2021 and end 04/30/2023.					
Justification for expenditure (how will the expenditure benefit inmates): This is for required for the continued maintenance and support for the Cognyte Company formally Verint Company CCTV system and cameras. This warranty will allow Valley Jail to have continued software support and upgrades to our camera systems. This support is necessary in keeping the cameras operational. This will assist in monitoring the arrestees, to stop fights, suicide attempts and the ingestion of narcotics.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
4,560.00		4,560.00		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Estimate:	
1 R K M Communications		Robert Martin		4,560.00	
2					
3					
Vendor Selected:		Reason Selected:			
R K M. Communications		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied [Signature: Coran Deane Chandler]				Date: 6/29/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied [Signature: GARY NEWSON]				Date: 06/29/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt II B. Valle				Date: 6/29/21	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, SSC:				Serial No.: 26298 Serial No.: 47010 Serial No.: 35110	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:		Signature:		Serial No.: Date:	




INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
07/01/21		ASSI Camera Adds		CSD 21-012	
Submitted by:		Serial No.		Assignment:	
Allen Hayden		N4461		77th RJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input checked="" type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 47010	
				Admin Section Review Signature: N-5845	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc).					
Proposal 8747-1-0-1; 77th Regional Jail Camera Adds; ASSI to replace existing old TPZ cameras with mounts, converters, connectors and necessary lift rental.					
Justification for expenditure how will the expenditure benefit inmates,:					
The proposal will cover the removal of the obsolete (old system) Tilt Pan Zoom Cameras and installation of enabling overview and detailed surveillance of vital areas. Viewing and capturing this CCTV footage assists in maintaining a safe and secure environment for arrestees and employees and provides a needed resource when conduction investigations into UOF and/or arrestee injury reports. The current TPZ models are not compatible with the system upgrade.					
Reason City resources were not used for expenditure:					
There are no City or Department funds allocated for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$ 34,033.84		\$ 34,033.84		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 ASSI		Greg Doyle			
2					
3					
Vendor Selected:		Reason Selected:			
ASSI				<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN [Signature]		Serial No.: 26258 Date: 7/1/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Serial No.: 47010 Date: 07/02/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II D. Valle		Serial No.: 35110 Date: 7/1/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
06/23/2021		New replacement camera to Back Corridor 100		IWF 21-039	
Submitted by:		Serial No.		Assignment:	
D O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature: Serial No.	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS		<input type="checkbox"/> [Redacted] 33565	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [Redacted] camera stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new [Redacted] lens.					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [Redacted] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the [Redacted] at the end of [Redacted].					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 1458 78		Actual Cost: 1458 78		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 R K.M Communications		Robert Martin		[Redacted] 1458 78	
2 [Redacted]		[Redacted]		[Redacted]	
3 [Redacted]		[Redacted]		[Redacted]	
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: Capt [Redacted] Member Name: Lt Jre Hernandez Member Name: Sgt H B. Valle Commanding Officer, SSC: Commanding Officer, ASB:		Serial No: 26284 Serial No: 32705 Serial No: 35110 Serial No.: Signature: Serial No.:	
				Date: 7/7/21 Date: 7/7/21 Date: 7/7/21 Date: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
07/07/2021		DirecTV				IWF- 21-038	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	 32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: 	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210702, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost: \$335.24		Actual Cost: \$335.24		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		Serial No.		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name:		26288		7/7/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Sgt 11 B. Valle		47010		07/08/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Sgt 11 B. Valle		35110		7/7/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.:		Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH AUGUST		YEAR 2021	
DATE	ITEM AND EXPLANATION	AMOUNT		TOTAL			
BEGINNING BALANCE							
8/1/21	BANK BALANCE WELLS FARGO BANK [REDACTED]			\$1,535,204.57			
	DEPOSITS IN TRANSIT	\$0					
	OUTSTANDING CHECKS	\$ 0					
				TOTAL		\$1,535,204.57	
RECEIPTS THIS MONTH							
8/10/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF MAY	\$8,924.65					
8/18/21	PARTNERS FOR A SAFER AMERICA	\$20,475.00					
				TOTAL		\$29,399.65	
BEGINNING BALANCE PLUS RECEIPTS						1,564,604.22	
DISBURSEMENTS THIS MONTH							
8/3/21	Check #2020 RKM COMMUNICATIONS IWF 21-040	\$1831.28					
8/3/21	Check #2021 FASTSIGNS IWF 21-042	\$635.10					
8/6/21	Check #2022 DIRECTV IWF 21-041	\$335.24					
8/6/21	Check #2023 DAILY NEWS IWF 21-043	\$1957.40					
8/11/21	Check #2024 RKM COMMUNICATIONS IWF 21-044	\$628.26					
8/18/21	Check #2025 ALLIED100-AEDSUPERSTORE IWF 21-045	\$748.38					
8/20/21	Check #2026 MCR MEDICAL IWF 21-046	\$546.96					
8/23/21	Check #2027 HEART CPR IWF 21-047	\$1316.00					
8/25/21	Check #2028 REDCROSS/CPR TRAINING- STUDENT IWF 21-048	\$63.00					
8/25/21	Check #2029 REDCROSS/CPR TRAINING-STUDENT IWF 21-049	\$63.00					
8/25/21	Check #2030 REDCROSS/CPR TRAINING-STUDENT IWF 21-050	\$83.00					
8/25/21	Check #2031 LA DAILY NEWS-VJS IWF 21-051	\$3259.08					
8/31/21	Check #2032 RKM COMMUNICATIONS IWF 21-052	\$516.38					
8/11/21	SERVICE CHARGE	\$590.51					
				TOTAL		\$12,573.59	
						\$1,552,030.63	
ENDING BALANCE							
8/31/21	BANK BALANCE			\$1,557,315.57			
	DEPOSITS IN TRANSIT	\$0					
	OUTSTANDING CHECKS	\$5,284.94					
(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)							
				TOTAL		\$1,552,030.63	
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY		
[REDACTED]		9/14/21	JEFF WONG N2789		DO M.CARTER N3754		
Commanding Officer Custody Services Division			LYNN IKED		TELEPHONE EXTENSION		

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
07/26/2021		Replacement CCTV camera and cable rerouting to Jail server		CSD 21-040	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Serial No. 275K3	
				Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): New replacement camera series including the replacing of the old cable and install CAT 6 Data cabling, run new cabling from Outside Backdoor camera connecting directly to the jail server. This camera will enable the viewing of the area.					
Justification for expenditure (how will the expenditure benefit inmates): The camera is defective and offline. This camera is essential in assisting in monitoring the . The camera is necessary to help identify those who wish to the Valley Jail and monitoring of the . Camera is an old Pelco camera originally installed to Van Nuys Area for the monitoring of the outside of the Van Nuys Area Facility and Jail. This camera was installed prior to the 2011 Jail system CCTV.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1831.28		1831.28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin			
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
Member Name: Captain [Signature] Joe Hernandez Sgt II B. Valle		[Redacted Signature] [Redacted Signature] [Redacted Signature]		Date: 8/2/2021 8/2/2021 7.29.21	
Required if Over \$10,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSC: [Redacted Signature]		Serial No.: 26288 32705 35110	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [Redacted Signature]		Serial No.: [Redacted Signature]	


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED	ITEM(S) REQUESTED:		CONTROL NUMBER
07/28/2021	Fast Signs		C8021-042
Submitted by:	Serial No.	Assignment:	Phone:
Allen Hayden	N4461	77th RTS	[REDACTED]
Type of Expenditure:	Facility	Section	Approval Signature:
<input type="checkbox"/> REOCCURRING	<input type="checkbox"/> MJS <input type="checkbox"/> AREAS	[REDACTED]	[REDACTED]
<input type="checkbox"/> NEW	<input checked="" type="checkbox"/> 77TH <input type="checkbox"/> ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/> OTHER (explain below)	<input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):			
(20) Aluminum Signs, from existing templates, 6" x 8" metal with rounded corners, concerning inmate "Telephone Instructions" Quote/Estimate (EST-63956) total \$635.10. This quote does not include installation (which will be requested from GSD).			
Justification for expenditure (how will the expenditure benefit inmates):			
FastSigns was contacted and provided quote for 20 replacement aluminum signs needed to switch out with existing non-readable/worn out signs (see attached photograph for example). There will be 12 signs for the basement level booking holding tanks, 6 signs for the housing dormitory day rooms, and 2 spares included in this purchase. Signs provide bilingual instructions for inmates to operate the pin-prompted inmate telephones throughout the jail.			
Reason City resources were not used for expenditure:			
There are no city funds for this purchase.			
Estimated Cost:	\$635.10	Actual Cost:	\$635.10
		City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)			
Company Name	Contact	Phone	Estimate:
1 FastSigns	Sheldon Gifford	[REDACTED]	\$635.10
2			
3			
Vendor Selected:	FastSigns	Reason Selected:	<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other
DO NOT WRITE BELOW THIS LINE			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair [Signature]	Serial No. 26288	Date: 8/3/2021
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Joe Hernandez	Serial No. 32705	Date: 8/12/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt H. B. Valle	Serial No. 35110	Date: 7/29/21
<input type="checkbox"/> Required If Over \$40,000	Commanding Officer, SSG	Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB	Serial No.	Date:
<input type="checkbox"/> Required If Over \$50,000	Signature:	Serial No.	Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
08/03/2021		DirecTV				IWF-21-041	
Submitted by:		Serial No.		Assignment:		Phone:	
D.O. Camarena		N4206		MJS/CSD		[REDACTED]	
Type of Expenditure:		Facility		Section/OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	[REDACTED]		32765	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
DirecTV Invoice # 018835073X210802, monthly payment for TV service.							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.							
Estimated Cost: \$335.24		Actual Cost: \$335.24		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1	DirecTV	Customer Service		888-388-4249		\$335.24	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: CAPTAIN [REDACTED]		Signature: [REDACTED]		Serial No.: 26287 Date: 8/3/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: GARY NEWTON		Signature: [REDACTED]		Serial No.: 47010 Date: 8/5/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt U B. Valle		Signature: [REDACTED]		Serial No.: 35110 Date: 8/13/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$40,000 Commanding Officer, SSC:		Signature:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
8/4/21		Daily News				IWF-21-043	
Submitted by:		Serial No.		Assignment:		Phone:	
M. CARTER		N3754		MJS/CSD			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/> MJS	<input checked="" type="checkbox"/> AREAS				
<input type="checkbox"/>	NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/> VJS	OTHER (explain):				

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).
 Yearly subscription to the Daily News for Metropolitan Detention Center.



Justification for expenditure (how will the expenditure benefit inmates):
 To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:
 This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.




Estimated Cost:	\$1957.40	Actual Cost:	\$1957.40	City Approved Vendor:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)

	Company Name	Contact	Phone:	Estimate:
1	DAILY NEWS	Customer Service	818-713-3131	\$1957.40
2				
3				

Vendor Selected: ☒ Daily News Reason Selected: ☒ Price ☐ City Vendor ☐ Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Fund Chair: 		Serial No. 26288	Date: 8/4/21
	Member Name: GARY NEWTON		Serial No. 47016	Date: 8/5/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB: 	Signature:	Serial No. 35110	Date: 8/4/21
	Commanding Officer, ASB:		Serial No.	Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
08/10/2021		Replacement Monitor to 400 Security		F40F 21-044	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No.	
				27583	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): RKM will remove and replace BO 32" CCTV color monitor in [REDACTED] with new 43" LED Semi-commercial Monitor 1920 x 1080 HD resolution monitor.					
Justification for expenditure (how will the expenditure benefit inmates): The existing monitor is BO and cannot be repaired. The new monitor will allow [REDACTED] security officers to view live feed video of the arrestees housed in [REDACTED] the new larger display of the individual camera images makes them more useful in detecting the types of activity that jail personnel is looking for, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
628.26	628.26	Actual Cost:	628.26	City Approved Vendor:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair [Signature]		[REDACTED SIGNATURE]		Serial No.: 26284 Date: 8/11/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: GARY NEWTON				Serial No.: 47010 Date: 08/11/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt II B. Valle				Serial No.: 35110 Date: 8/11/21	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, SSC:				Serial No.: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer, ASB:		Signature:		Serial No.: Date:	



INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
08/12/21		ALLIED 100 - AED SUPERSTORE		21-045	
Submitted by:		Serial No.		Assignment:	
Sgt. Bruce Coss		37023		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain)	
				Serial No.	
				47010	
				Admin Section Review Signature:	
				CSD TRAINING UNIT	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
PP-ALB-50 - Professional Adult Manikin Face-Shield Lung Bags (50pk) PP-AEDUT-401 - Professional AED UltraTrainer (4pk) PP-UTPAD-4 - Adult/Child Training Pads (4 sets)					
Justification for expenditure (how will the expenditure benefit inmates):					
Supplies for ongoing CPR training for CSD detention staff					
Reason City resources were not used for expenditure:					
No City funds are allocated.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$ 748.38		\$ 748.38		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Allied 100 - AED Superstore				(800) 544-0048	
2					
3					
Vendor Selected:		Allied 100 - AED Superstore		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
Capt. Orlando Chaves Gary Newton Member Name: Sgt. B. Valle		[Redacted Signature] [Redacted Signature] [Redacted Signature]		26288 47010 35110	
Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: 08-12-21 08-12-21 8-12-21	
Required If Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Date: [Redacted] [Redacted]	


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 8/18/21		ITEM(S) REQUESTED CPR One-Way Valves		CONTROL NUMBER JWF 21 - 046	
Submitted by: SDO Castellon		Serial No. G9155		Assignment VJS	
Type of Expenditure: <input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		Facility <input type="checkbox"/> MJS <input type="checkbox"/> AREAS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> ALL <input type="checkbox"/> VJS <input type="checkbox"/> OTHER (explain):		Section OIC Approval Signature: [Redacted] Serial No. 87010 Admin Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): (5) 100 MCRTV Individually wrapped in zipper mesh bag with carabiner.					
Justification for expenditure (how will the expenditure benefit inmates): To ensure the well being of all arrestees, the one-way valves will be utilized to train staff how to effectively perform CPR during inmate medical emergencies.					
Reason City resources were not used for expenditure: The equipment was not included in the Division's budget.					
Estimated Cost: \$548.96		Actual Cost: \$548.96		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone	
1 MCR Medical		MacKenzie Sales		614-782-2100	
2					
3					
Vendor Selected: AED Superstore		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
Commanding Officer / Fund Chair: ORLANDO CHANDLER Member Name: GARY NEWTON Member Name: SAM YIN Commanding Officer, SSC:		[Redacted Signature]		Serial No: 26298 Serial No: 47010 Serial No: 36468 Serial No:	
[Redacted Signature] Commanding Officer, AS:		Signature:		Date: 08-20-21 Date: 08-20-21 Date: 08/20/21 Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
8/23/21		Red Cross CPR First Aid Instructor Course				IWF 21 - 027		
Submitted by:		Serial No.		Assignment:		Phone:		
DO Richard Lomeli		N5770		CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS			
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Red Cross CPR First Aid Instructor Course Fee (4)								
Justification for expenditure (how will the expenditure benefit inmates):								
Certifying Custody Services Division Instructors in the Red Cross CPR/AED/First Aid Instructional course, for CSD In-Service Training.								
Reason City resources were not used for expenditure:								
City funds are not budgeted for this expense.								
Estimated Cost:		\$1,316.00		Actual Cost:		\$1,316.00		
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Heart CPR	Lee Stephenson		800-916-1213		\$1,316.00		
2								
3								
Vendor Selected:				Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair				Serial No.		Date:	
	CARMEN OLIVIA CHANDLER				26288		08/23/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.		Date:	
	GARY NEWTON				47010		08/23/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.		Date:	
	Sgt II B. Valle				35110		8/23/21	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSG		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Required if Over \$60,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask		IWF 21- 048	
Submitted by:		Serial No.		Assignment:	
DO Richard Lomeli		N5770		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain)	
				Admin Section Review Signature:	
				47010	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.					
Justification for expenditure (how will the expenditure benefit inmates):					
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.					
Reason City resources were not used for expenditure:					
City funds are not budgeted for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$63.00		\$63.00		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Richard Lomeli					
2					
3					
Vendor Selected:		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Commanding Officer / Fund Chair GARY NEWTON				Serial No.: 47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: SAM YIN				Serial No.: 36468	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Member Name: Sgt. H B. Valle				Serial No.: 35110	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Restricted if Over \$40,000 Commanding Officer, SSG.				Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied Restricted if Over \$50,000 Commanding Officer, ASB:		Signature:		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask		IWF 21 - 049	
Submitted by:		Serial No.		Assignment:	
DO Richard Lomeli		N5770		CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input checked="" type="checkbox"/> OTHER (explain):	
				Serial No. 147016	
				Admin Section Review Signature	
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):					
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.					
Justification for expenditure (how will the expenditure benefit inmates):					
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.					
Reason City resources were not used for expenditure:					
City funds are not budgeted for this expense.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$63.00		\$63.00		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 Mario Marquez					
2					
3					
Vendor Selected:		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair		Serial No.	
		GARY NEWTON		47010	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name		Serial No.	
		SAM YIN		36468	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name		Serial No.	
		Sgt. I B. Valle		35110	
<input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG:		Serial No.	
<input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.	
		Signature:		Date:	
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
8/23/21		Red Cross Adult CPR/AED Training and Trng Mask				FWF 21 - 050		
Submitted by:		Serial No.		Assignment:		Phone:		
DO Richard Lomeli		N5770		CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	47010	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
Reimbursement of tuition for the Red Cross Adult CPR/AED Certification Course.								
Justification for expenditure how will the exp. enditure benefit inmates):								
Instructional staff attended Adult CPR/AED as a prerequisite for the Red Cross CPR First Aid Instructor Course.								
Reason City resources were not used for expenditure:								
City funds are not budgeted for this expense.								
Estimated Cost:		\$83.00		Actual Cost:		\$83.00		
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
	Company Name	Contact		Phone		Estimate:		
1	Jessica Quintero			[REDACTED]		\$83.00		
2								
3								
Vendor Selected:				Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair		[REDACTED]		Serial No.		Date:	
	GARY NEWCOM				47010		08-24-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.		Date:	
	SAM YIN				36468		08/25/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.		Date:	
	Sgt U B. Valle				35110		8/25/21	
<input type="checkbox"/> Required if Over \$40,000	Commanding Officer, SSG				Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								
<input type="checkbox"/> Required if Over \$50,000	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied								

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED 8/25/21		ITEM(s) REQUESTED: English Newspaper		CONTROL NUMBER IWF-21-051	
Submitted by: M. CARTER		Serial No. N3754		Assignment: VJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL
<input type="checkbox"/>	OTHER (explain below)	<input checked="" type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):

Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):
Yearly subscription to the Daily News (English newspaper) for Van Nuys Jail.

Justification for expenditure (how will the expenditure benefit inmates):
 To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).

Reason City resources were not used for expenditure:
 This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.

Estimated Cost: **\$3,59.08** Actual Cost: **\$3259.08** City Approved Vendor: ☐ Yes ☒ No

List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)









	Company Name	Contact	Phone:	Estimate:
1	L.A. DAILY NEWS	Customer Service	818-713-3131	\$3259.08
2				
3				

Vendor Selected: **LA DAILY NEWS** Reason Selected: ☒ Price ☐ City Vendor ☐ Other

DO NOT WRITE BELOW THIS LINE

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, Prisoner Care: GARY NEWTON Member Name:		47010 Serial No.:	08-26-21 Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	SAM YIN Member Name:		36468 Serial No.	08/26/21 Date:
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt H B. Valle Member Name:		35110 Serial No.	8/25/21 Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:	Serial No.:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
08/25/2021		Repair to 400 Security CCTV CPU		IWF 21-054	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING		<input type="checkbox"/> MJS <input type="checkbox"/> AREAS			
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH <input type="checkbox"/> ALL		Admin Section Review Signature:	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Pick up and return of the B/O  Security CCTV CPU, computer repair shop found video card BO, new video card  installed and tested.					
Justification for expenditure (how will the expenditure benefit inmates):					
The CPU is necessary to view camera feed in  This CCTV CPU enhances arrestee safety and security and monitoring ability the arrestees in the  of Valley Jail Section					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 516.38		Actual Cost: 516.38		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 R.K.M Communications		Robert Martin		 516.38	
2					
3					
Vendor Selected:		R.K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:  Member Name: SAM YIN Member Name: Sgt II B. Valle		 Signature:	
Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, SSG: Signature:		Serial No.: 47010 36468 35110	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: Signature:		Serial No.: Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION
CSD

TYPE OF FUND	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	23
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INMATE WELFARE FUND

MONTH

SEPTEMBER 2021

YEAR

DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL
BEGINNING BALANCE			
9/1/21	BANK BALANCE WELLS FARGO BANK 		\$1,557,315.57
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$ 5,284.94	
		TOTAL	\$1 552 030.63
RECEIPTS THIS MONTH			
9/14/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF	\$8,174.25	
9/30/21	SERVICE CHARGE REVERSE	\$590.51	
9/30/21	SERVICE CHARGE REVERSE	\$573.47	
9/30/21	INTEREST EARNED	\$24.56	
9/30/21	INTEREST EARNED	\$15.24	
		TOTAL	\$9,378.03
	BEGINNING BALANCE PLUS RECEIPTS		1,561,408.66
DISBURSEMENTS THIS MONTH			
9/16/21	Check #2033 ASSI SECURITY IWF 21-053	\$44,301.89	
9/24/21	Check #2034 DIRECTV IWF 21-054	\$328.99	
9/13/21	SERVICE CHARGE	\$573.47	
		TOTAL	\$ 45,204.35
			\$1,516,204.31
ENDING BALANCE			
9/30/21	BANK BALANCE		\$1,516,533.30
	<u>DEPOSITS IN TRANSIT</u>	\$0	
	<u>OUTSTANDING CHECKS</u>	\$328.99	
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)		
		TOTAL	\$1,516,204.31
DIVISION COMMANDER	DATE	AUDIT COMMITTEE	PREPARED BY
 ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division	10/12/21	JEFF WONG N2799 LYNN IKEDA N5 	DO M.CARTER N3754 TELEPHONE EXTENSION /

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
09/01/21		CCTV & Jail Control and Intercom Units				IWF 21-053	
Submitted by:		Serial No.		Assignment		Phone	
Captain Gary Newton		47010		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OS Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 36468	
<input type="checkbox"/>	NEW	<input checked="" type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input checked="" type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):		Final payment	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.).							
This IWF is to pay off balance for installation of 77th RJS' CCTV & intercom system (ASSI proposal #7851-4-0-2).							
Justification for expenditure (how will the expenditure benefit inmates):							
Adequate surveillance is essential and directly benefits the safety and security of all inmates in the jail. CCTV provides improved visual coverage, monitors inmate activity, provides visual evidence, maintains order in common areas, as well as monitors officer interactions. Jail controls are vital in the timely entrance and exit of persons from cells and secure areas. Intercoms are vital for staff to communicate with inmates in cells in the event of medical distress, altercations or other needed purposes.							
Reason City resources were not used for expenditure:							
No City funds were allocated.							
Estimated Cost:		\$ 44,301.89		Actual Cost:		\$ 44,301.89	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone		Estimate:	
1	ASSI Security	Larry Picone		[REDACTED]		\$ 44,301.89	
2							
3							
Vendor Selected:		ASSI Security		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair		Signature		Serial No.	Date	
	GARY NEWTON		[REDACTED]		47010	09/01/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature		Serial No.	Date	
	Sgt 11 B. Valle		[REDACTED]		35110	9/1/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature		Serial No.	Date	
	SGT 2 S. YIN		[REDACTED]		36468	09/01/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer SSG		Signature		Serial No.	Date	
	Vic DAVALOS CHOP		[REDACTED]		25953	09.02.21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer A		Signature		Serial No.	Date	
	N/A Under \$50,000 (per by-laws)		[REDACTED]				




INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
09/02/21		DirecTV				TITLE 21-054	
Submitted by:		Serial No.		Assignment:		Phone:	
G. Vu		N2714		MDC		[REDACTED]	
Type of Expenditure:		Facility		Section / IC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 31705	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain)		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):							
DirecTV invoice #018835073X210902 monthly payment for TV service. Account 018835073							
Justification for expenditure (how will the expenditure benefit inmates):							
TV service for arrestees in housing units per Title 15.							
Reason City resources were not used for expenditure:							
Funds allocated through the use of The Inmate Welfare Fund for the benefit to the inmates.							
Estimated Cost:		\$ 328.99		Actual Cost:		\$ 328.99	
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1 DirecTV		Customer service		(888) 388-4249		\$ 328.99	
2							
3							
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:		[REDACTED]		Serial No.: 47010 Date: 09/22/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: LYNAL		[REDACTED]		Serial No.: N5845 Date: 9/8/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt 11 B. Valle		[REDACTED]		Serial No.: 35110 Date: 9/8/21	
Required if Over \$40,000		Commanding Officer, SSG:		[REDACTED]		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
09/30/2021		New Cell Extractions Video Cameras				IWF 21-055	
Submitted by:		Serial No.		Assignment:		Phone:	
W. Graham		N5997		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/> REOC CURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		MJS 77TH VJS		AREAS ALL OTHER (explain):		[REDACTED] 32764 Admin/Section Review Signature:	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Three (3), GoPro [REDACTED] Black Action Camera Bundle Model # [REDACTED] Accessories Included: Handle Extra Battery, Compact Case and 64GB MicroSD							
Justification for expenditure (how will the expenditure benefit inmates):							
These cameras will be used to record cell extractions. Cell extractions need to be recorded because there is a high potential for a Use of Force occurring. The video can then be reviewed for inmate injury claims or for training purposes.							
Reason City resources were not used for expenditure:							
Expenditure was not included in the City's budget and directly benefits arrestees.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
\$1,169.97		\$1,281.12					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone:		Estimate:	
1. BEST BUY		GEORGE		[REDACTED]		\$1,478.18	
2.							
3.							
Vendor Selected:		Costco		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: [Signature] Member Name: Sam Yin Member Name: [Signature] Commanding Officer, SSD: [Signature] Commanding Officer, ASB:		[REDACTED SIGNATURE] Signature:		Serial No. 47010 Serial No. 36468 Serial No. N5845 Serial No.: Date: 09/30/21 Date: 09/30/2021 Date: 9/30/21 Date: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
10/05/2021		DirecTV		IWF-21-056	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/> REOCCURRING	<input checked="" type="checkbox"/> MJS	<input type="checkbox"/> AREAS			
<input type="checkbox"/> NEW	<input type="checkbox"/> 77TH	<input type="checkbox"/> ALL	Serial No. 32765		
<input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> VJS	<input type="checkbox"/> OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X211002, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$325.21		\$325.21		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected:		DirecTV		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.
					47010
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.
	S. YIN				36468
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.
	Lynn Ikeda				N5845
<input type="checkbox"/> Required if Over \$40,000	Commanding Officer, SEC:				Serial No.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					
<input type="checkbox"/> Required if Over \$50,000	Commanding Officer, ASB:		Signature:		Serial No.
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
10/12/2021		New replacement camera to Cell 307 Front		IWF 21-057	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOC CURRING		<input type="checkbox"/> MJS		<input type="checkbox"/> AREAS	
<input checked="" type="checkbox"/> NEW		<input type="checkbox"/> 77TH		<input type="checkbox"/> ALL	
<input type="checkbox"/> OTHER (explain below)		<input checked="" type="checkbox"/> VJS		<input type="checkbox"/> OTHER (explain):	
Serial No. 33565					
Admin Section Review Signature:					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
On [REDACTED] Front camera [REDACTED] stopped working and would not restart. Multiple attempts made without success. The camera recommendation is to replace with a new:					
[REDACTED]					
Justification for expenditure (how will the expenditure benefit inmates):					
This camera has failed, unable to communicate with the server. Multiple attempts to restart camera have been attempted and were unsuccessful. This is an original camera series [REDACTED] that was installed on December 20, 2011. This camera is out of warranty and Verint will no longer repair this model camera. This camera will assist in monitoring the arrestees that are in this cell, assisting to stop fights, suicide attempts and the ingestion of narcotics helping to ensure better employee compliance with department roles.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
1493.78		1493.78		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 R.K.M Communications		Robert Martin		[REDACTED]	
2					
3					
Vendor Selected:		R K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: GARY NEWTON Member Name: Joe J. Hernandez Member Name: S. YIN		Serial No. 47010 32708 36468	
Required if Over \$10,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASG: [REDACTED]		Serial No. [REDACTED]	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: [REDACTED]		Serial No.: [REDACTED]	
		Signature:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
10/12/2021		Replacement part for Guardian RFID Spartan		IWF 21-058	
Submitted by:		Serial No.		Assignment:	
Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility:		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL <input type="checkbox"/> OTHER (explain):	
				Admin Section Review Signature:	
				Serial No. 33565	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
Ten (10) Guardian RFID SAPARTAN Bottom Bumpers Ten (10) Guardian RFID SAPARTAN Top Bumpers Ten (10) Guardian RFID SAPARTAN Battery Cover Ten (10) Guardian RFID SAPARTAN Hand strap					
QUOTE NO. 00004516					
Justification for expenditure (how will the expenditure benefit inmates):					
These Guardian RFID Spartans are Handheld devices are being taped together, the bumpers and backs are BO and are a crucial component in helping to ensure employee compliance with department roles and Title 15. Guardian RFID is a sole source provider for these needed parts.					
Reason City resources were not used for expenditure:					
Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 490.00		Actual Cost: 490.00		City Approved Vendor: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 Guardian RFID		Misty Anderson		[REDACTED] 490.00	
2					
3					
Vendor Selected: Guardian RFID		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair. GARY NEWTON Member Name:		Serial No. 47010 Date: 10-13-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		[REDACTED] Member Name:		Serial No. 32768 Date: 10-13-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		[REDACTED] Member Name: YIN, S.		Serial No. 36468 Date: 10-13-21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB:		Serial No.: Date:	



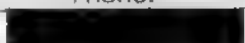

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH NOVEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
11/1/21	BANK BALANCE		\$ 1,519,763.42		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$0			
	TOTAL		\$1,519,763.42		
RECEIPTS THIS MONTH					
11/9/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER	\$5639.17			
11/8/21	INTEREST EARNED	\$14.86			
	TOTAL		\$5,654.03		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,525,417.45		
DISBURSEMENTS THIS MONTH					
11/3/21	Check #2039 RKM COMMUNICATIONS IWF 21-059	\$675.00			
11/3/21	Check #2040 PROBOXING EQUIPMENT IWF21-060	\$1,157.29			
11/3/21	Check #2041 PROBOXING EQUIPMENT IWF 21-061	\$1818.79			
11/16/21	Check #2042 DIRECTV IWF21-062	\$321.99			
11/16/21	Check #2043 PERCISION DYNAMIC CORP IWF21-063	\$941.23			
11/16/21	Check #2044 LA DAILY NEWS IWF21-064	\$1,644.98			
11/16/21	Check #2045 HOME DEPOT (EBONI BRYANT) IWF21-065	\$186.04			
11/19/21	Check #2046 BUI UNIFORM CO IWF21-066	\$36,059.45			
	TOTAL		\$ 42,804.77		
			\$1,482,612.68		
ENDING BALANCE					
11/31/21	BANK BALANCE		\$1,521,648.21		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$39,035.53			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,482,612.68		
DIVISION COMMANDER		DATE	AUDIT COMMITTEE		PREPARED BY
ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		12/22/21	JEFF WONG N2799 JERRY LEE N4522		DO M. CARTER N3754 TELEPHONE EXTENSION

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
10/20/2021		Facility visit to diagnose television cabling issue 103 A, B, C		JWF 21-059.	
Submitted by:		Serial No.		Assignment:	
D.O. Marie Graham		N3073		CSD/VJS	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input type="checkbox"/> REOCCURRING <input checked="" type="checkbox"/> NEW <input type="checkbox"/> OTHER (explain below)		<input type="checkbox"/> MJS <input type="checkbox"/> 77TH <input checked="" type="checkbox"/> VJS		<input type="checkbox"/> AREAS <input type="checkbox"/> ALL OTHER (explain):	
				Serial No. 27583	
				Admin Section Review Signature	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.): Facility visit and labor to diagnose and repair cabling issue, to tv and video feed in cells					
Justification for expenditure (how will the expenditure benefit inmates): These televisions are part of the arrestee recreation program and the Alcoholics Anonymous video is deemed beneficial to the arrestees housed at Valley Jail Section and is part of the Daily programs for the Arrestee housed at Valley Jail Section, helping in meeting compliance of Title 15 section 1065. (b) "Exercise and Recreation"					
Reason City resources were not used for expenditure: Expenditure was not included in the City's budget and directly benefits arrestees.					
Estimated Cost: 675.00		Actual Cost: 675.00		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone: Estimate:	
1 R K M Communications		Robert Martin		[REDACTED] 675.00	
2					
3					
Vendor Selected:		R K.M. Communications		Reason Selected: <input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: GARY NEWTON Member Name: J. Hernandez Member Name: SGT II B. VANE Required if Over \$40,000 Commanding Officer, SSG Required if Over \$60,000 Commanding Officer, ASB:		Serial No.: 47010 Serial No.: 32765 Serial No.: 35110 Serial No.: Date: 10-26-21 Date: 10-26-21 Date: 10/20/21 Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Signature:		Serial No.: Date:	


INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
10/27/21		Training - Protective Head Gear				IWF 21-060		
Submitted by:		Serial No.		Assignment:		Phone		
Sgt. Coss		37023		TU				
Type of Expenditure:		Facility		Section/CIC Approval Signature:		Serial No.		
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS		37023	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>				OTHER (explain):
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):								
30 - Protective Training Gloves								
Justification for expenditure (how will the expenditure benefit inmates):								
<p>The use of protective training gloves for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The training gloves will be worn by all recruit officers in the performance of these activities, reducing injury from hand to hand self defense or during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.</p>								
2 of 2								
Reason City resources were not used for expenditure:								
City funds were not budgeted for this expense.								
Estimated Cost:		\$ 1,157 29		Actual Cost:		\$ 1,157 09		
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	Pro Boxing Equipment	Moe				\$ 1,157 29		
2								
3								
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other				
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair: 		Serial No.: 47010		Date: 10-27-21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: S. YIN		Serial No.: 136463		Date: 10/27/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		Member Name: Sgt II B. Valle		Serial No.: 35110		Date: 10-27-21		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required If Over \$40,000 Commanding Officer, SSG		Signature:		Serial No.: Date:		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		Required If Over \$50,000 Commanding Officer, ASB.		Signature:		Serial No.: Date:		

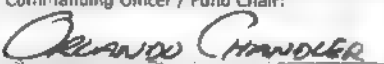

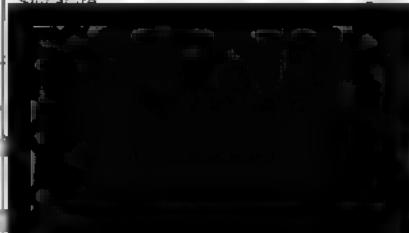

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
10/27/21		Training - Protective Head Gear				FWF 21-661	
Submitted by:		Serial No.		Assignment:		Phone	
Sgt. Coss		37023		TU		[REDACTED]	
Type of Expenditure:		Facility		Section/CIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	37023	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
30 - Protective Boxing Head Gear							
Justification for expenditure (how will the expenditure benefit inmates):							
<p>The use of protective boxing head gear for recruit custody personnel will minimize the potential for injury during Standards and Training for Corrections (STC) and Department mandated ARCON self defense training. The protective head gear will be worn by all recruit officers in the performance of these activities, reducing injury from falling and/or colliding with another recruit's head during cell extraction training. The use of the equipment/training will help reduce potential injury to inmates.</p>							
1 of 2							
Reason City resources were not used for expenditure:							
City funds were not budgeted for this expense.							
Estimated Cost:		\$ 1,818 79		Actual Cost:		\$ 1,818 79	
				City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone		Estimate:	
1	Pro Boxing Equipment	Moe		[REDACTED]		\$ 1,818 79	
2							
3							
Vendor Selected:				Reason Selected: <input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other			
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.		Date:
GARY NEWTON		47010			10-27-21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.		Date:
S. YIN		36468			10/27/21		
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.		Date:		
Sgt. T.B. Valle		35110		10-27-21			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB.		Signature:		Serial No.:		Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							



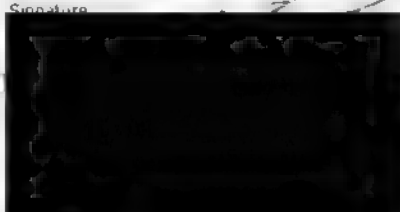
INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:		CONTROL NUMBER	
11/09/2021		DirecTV		IWF- 21-062	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):	
Serial No. 32765					
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
DirecTV Invoice # 018835073X2111002, monthly payment for TV service.					
Justification for expenditure (how will the expenditure benefit inmates):					
TV service for arrestees in housing units per Title 15.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.					
Estimated Cost: \$321.99		Actual Cost: \$321.99		City Approved Vendor: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 DirecTV		Customer Service		888-388-4249	
2					
3					
Vendor Selected: DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Serial No.		Date:
	Orlando Chandler		26288		11/10/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.		Date:
	GARY NEWTON		47010		11/10/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Serial No.		Date:
	Sgt. H B. Valle		35110		11/19/21
Required if Over \$40,000		Commanding Officer, SSF:		Serial No.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					Date:
Required if Over \$50,000		Commanding Officer, ASB:		Serial No.	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature		Date:

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:		CONTROL NUMBER	
11/09/2021		PDC		IWF-21-063	
Submitted by:		Serial No.		Assignment:	
D.O. Camarena		N4206		MJS/CSD	
Type of Expenditure:		Facility		Section OIC Approval Signature:	
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	Serial No.	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	OTHER (explain):	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):					
<p>PDC Invoice # 9344858920, for arrestee wrist bands.</p> <p>Laminator, Item #705-00-PDA, \$595.00</p> <p>Laminator, Item #698-00-PDA \$ 331.43</p> <p>Total 941.23</p>					
Justification for expenditure (how will the expenditure benefit inmates):					
Laminators are needed for inmate's wrist bands.					
Reason City resources were not used for expenditure:					
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.					
Estimated Cost:		Actual Cost:		City Approved Vendor:	
\$941.23		\$941.23		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)					
Company Name		Contact		Phone:	
1 PDC		Customer Service			
2					
3					
Vendor Selected:		PDC		Reason Selected:	
				<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer / Fund Chair:  Member Name:  Member Name: Sgt. II B. Valle		Signature:  Signature: 	
Serial No.: 26288 Serial No.: 47010 Serial No.: 35110		Date: 11/10/21 Date: 11/10/21 Date: 11/9/21		Date: Date: Date:	
Required if Over \$50,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Commanding Officer, ASB: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Serial No.: Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER	
11/10/21		English Newspaper				IWF-21- 064	
Submitted by:		Serial No.		Assignment:		Phone:	
M. CARTER		N3754		MJS/CSD			
Type of Expenditure:		Facility		Section/OIC Approval Signature:		Serial No.	
<input checked="" type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	 5276	
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input checked="" type="checkbox"/>	OTHER (explain):	HOLLYWOOD JAIL	
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
Yearly subscription to the Daily News (English newspaper) for Hollywood Jail.							
Justification for expenditure (how will the expenditure benefit inmates).							
To assure that interested inmates have access to a daily newspaper in general circulation, including a (non-English) publication, as mandated in Title 15 of the Corrections and Standards Authority for Type 1 jail facilities. Required by Youngblood Ruling (Youngblood VS Gates, 1988).							
Reason City resources were not used for expenditure:							
This expenditure has always been funded through the Inmate Welfare Fund directly benefiting the arrestees.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
\$1,644.98		\$1,644.98					
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
	Company Name	Contact		Phone		Estimate:	
1	L.A. DAILY NEWS	Customer Service		818-713-3131		\$1,644.98	
2							
3							
Vendor Selected:		LA DAILY NEWS		Reason Selected:		<input checked="" type="checkbox"/> Price <input type="checkbox"/> City Vendor <input type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		Signature:		Serial No.:		Date:
	ORLANDO CHANDLER				26258		11/10/2021
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:		Signature:		Serial No.:		Date:
	GARY NEWTON				47010		11/15/21
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt 11 B. Valle		Signature:		Serial No.:		Date:
	Commanding Officer, SSC				35110		11/15/21
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Signature:		Serial No.:		Date:
	Commanding Officer, ASB:						
<input type="checkbox"/> Approved <input type="checkbox"/> Denied			Signature:		Serial No.:		Date:







INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER	
11/15/21		TP LINK GIGABIT SWITCH				740F 21 - 065	
Submitted by:		Serial No.		Assignment:		Phone	
SDO BRYANT		N4517		CSD		[REDACTED]	
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.	
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED]	
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input checked="" type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]	
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):		
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):							
10-TP LINK - 5 PORT GIGABIT SWITCH							
Justification for expenditure (how will the expenditure benefit inmates):							
This purchase was for ten Ethernet splitters to connect the Axon Taser 7 to LAPD's Local Area Network (LAN). [REDACTED]							
Reason City resources were not used for expenditure:							
No City funds are allocated.							
Estimated Cost:		Actual Cost:		City Approved Vendor:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
\$ 186.04		\$ 186.04					
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)							
Company Name		Contact		Phone		Estimate:	
1	Eboni Bryant	Eboni Bryant		[REDACTED]		\$ 186.04	
2							
3							
Vendor Selected:		Eboni Bryant		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other	
DO NOT WRITE BELOW THIS LINE							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair: [Signature]		[REDACTED]		Serial No.	Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: GARY NEWTON				26254	11/15/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name: Sgt. II R. Valle				47010	11/15/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied					35110	11/15/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required If Over \$40,000 Commanding Officer, SSG.		Signature:		Serial No.	Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
11/09/2021		BUI UNIFORM CO.				IWF- 21-066		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD				
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS		AREAS	32768		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH		ALL	Admin Section Review Signature:		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS		OTHER (explain):			
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
BUI Uniform Co. Quotation # 6037, Replacement Blanket (Style 9800) and Mattress Cover (Style 9810) for MDC.								
1. Blanket: Style # 9800, 300 Quantity, \$70.95 Price, \$21,285.00 Amount 2. Mattress Cover: Style 9810, 600 Quantity, \$19.41 Price, \$11,646.00 Amount								
TOTAL \$36,059.45								
Justification for expenditure (how will the expenditure benefit inmates):								
Blankets and Mattress Covers are for arrestees in housing units, per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the Inmates.								
Estimated Cost:		\$36,059.45		Actual Cost:		\$36,059.45		
City Approved Vendor:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	BUI Uniform Co.	Customer Service				\$36,059.45		
2								
3								
Vendor Selected:		BUI Uniform Co.		Reason Selected:		<input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:				Serial No.:		Date:	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				26288		11/19/2021	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				47010		11/10/21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sgt. II B. Valle				35110		11/9/21	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$40,000		Commanding Officer, ESG:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied							Date:	

RECEIPTS and DISBURSEMENTS REPORT

DIVISION CSD		TYPE OF FUND INMATE WELFARE FUND		MONTH DECEMBER	YEAR 2021
DATE	ITEM AND EXPLANATION	AMOUNT	TOTAL		
BEGINNING BALANCE					
12/1/21	BANK BALANCE WELLS FARGO BANK 		\$ 1,521,648.21		
	DEPOSITS IN TRANSIT	\$39,035.53			
	OUTSTANDING CHECKS	\$0			
	TOTAL		\$1,482,612.68		
RECEIPTS THIS MONTH					
12/21/21	TELMATE LLC INTEREST EARNED FOR THE MONTH OF SEPTEMBER	\$1314.64			
12/8/21	INTEREST EARNED	\$2.27			
	TOTAL		\$1316.81		
	BEGINNING BALANCE PLUS RECEIPTS		\$1,483,929.49		
DISBURSEMENTS THIS MONTH					
12/9/21	Check#2047 VOIDED	\$0.00			
12/9/21	Check#2049 VOIDED	\$0.00			
12/9/21	Check # 2048 DIRECTV IWF 21-068	\$321.00			
12/17/21	Check # 2050 ASSI SECURITY IWF21-070	\$685.00			
	TOTAL		\$ 1006.99		
			\$1,482,922.50		
ENDING BALANCE					
12/31/21	BANK BALANCE		\$1,483,607.50		
	DEPOSITS IN TRANSIT	\$0			
	OUTSTANDING CHECKS	\$685.00			
	(PLEASE REFER TO ATTACHED BANK RECONCILIATION SCHEDULE)				
	TOTAL		\$1,482,922.50		
DIVISION COMMANDER  ORLANDO CHANDLER, Captain Commanding Officer Custody Services Division		DATE 1/12/21	AUDIT COMMITTEE  JEFF WONG N2789  JERRY LEE N4522		PREPARED BY DO M.CARTER N3754  TELEPHONE EXTENSION 

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(s) REQUESTED:				CONTROL NUMBER		
12/07/2021		DirecTV				IWF- 21-068		
Submitted by:		Serial No.		Assignment:		Phone:		
D.O. Camarena		N4206		MJS/CSD		[REDACTED]		
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.		
<input checked="" type="checkbox"/>	REOCCURRING	<input checked="" type="checkbox"/>	MJS	<input type="checkbox"/>	AREAS	[REDACTED] 32745		
<input type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature: [REDACTED]		
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/> OTHER (explain):				
Description of expenditure (include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc.):								
DirecTV Invoice # 018835073X211202, monthly payment for TV service.								
Justification for expenditure (how will the expenditure benefit inmates):								
TV service for arrestees in housing units per Title 15.								
Reason City resources were not used for expenditure:								
Funds are allocated through the use of the Inmate Welfare Fund for the benefit of the inmates.								
Estimated Cost:		\$321.99		Actual Cost:		\$321.99		
City Approved Vendor:		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
List of non-City vendors contacted for estimates (minimum of three for new purchases over \$10,000)								
Company Name		Contact		Phone:		Estimate:		
1	DirecTV	Customer Service		888-388-4249		\$321.99		
2								
3								
Vendor Selected:		DirecTV		Reason Selected:		<input type="checkbox"/> Price <input type="checkbox"/> City Vendor <input checked="" type="checkbox"/> Other		
DO NOT WRITE BELOW THIS LINE								
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:	
	CAPTAIN ORLANDO CHANDLER				26288		12-07-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	GARY NEWTON				47010		12-07-21	
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:	
	Sgt II B. Valle				35110		12-07-21	
<input type="checkbox"/> Required If Over \$40,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, SSC:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Required If Over \$80,000 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer, ASB:		Signature:		Serial No.:		Date:	

INMATE WELFARE FUND EXPENDITURE CONTROL FORM

DATE SUBMITTED		ITEM(S) REQUESTED:				CONTROL NUMBER			
12/9/21		Installation of backup battery at Pacific Jail				IWF 21 - 070			
Submitted by:		Serial No.		Assignment:		Phone:			
PDO Yue [REDACTED]		G9223		CSD/77th St. RJS		[REDACTED]			
Type of Expenditure:		Facility		Section OIC Approval Signature:		Serial No.			
<input type="checkbox"/>	REOCCURRING	<input type="checkbox"/>	MJS	<input checked="" type="checkbox"/>	AREAS	[REDACTED] 1217			
<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	77TH	<input type="checkbox"/>	ALL	Admin Section Review Signature:			
<input type="checkbox"/>	OTHER (explain below)	<input type="checkbox"/>	VJS	<input type="checkbox"/>	OTHER (explain):				
Description of expenditure (Include detailed information, i.e. make, model, accessory equipment, size, installation requirements, etc):									
Installed a new UPS Battery Back-up [REDACTED]									
Justification for expenditure (how will the expenditure benefit inmates):									
In the event a power surge or a power failure in the building, this installation of a back up battery is critical to ensuring everything is recording continuously. Moreover, it is to ensure that officers at the jail can monitor the inmates that are in custody in live mode. This is a risk management and liability issue.									
Reason City resources were not used for expenditure:									
ASSI is the approved vendor and installer of the current system at Pacific Jail.									
Estimated Cost:		\$685.00		Actual Cost:		\$685.00			
				City Approved Vendor:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List of non City vendors contacted for estimates (minimum of three for new purchases over \$10,000)									
Company Name		Contact		Phone:		Estimate:			
1				-					
2				-					
3				-					
Vendor Selected: ASSI				Reason Selected: <input type="checkbox"/> Price <input checked="" type="checkbox"/> City Vendor <input type="checkbox"/> Other					
DO NOT WRITE BELOW THIS LINE									
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Commanding Officer / Fund Chair:		[REDACTED]		Serial No.:		Date:		
[Signature]		26288			12-13-21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
GARY L. [REDACTED]		47010			12-13-21				
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Member Name:				Serial No.:		Date:		
Sgt II B. Valle				35110		12-13-21			
Required if Over \$40,000		Commanding Officer, SSG:		Serial No.:		Date:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									
Required if Over \$50,000		Commanding Officer, ASB:		Signature:		Serial No.:		Date:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied									